

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06286

Reg. Dist. No. 760

1. PLACE OF DEATH COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Pocomoke</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pocomoke</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD #1</u>		STREET ADDRESS <u>RFD #1</u> (If rural, give location)	
3. NAME OF DECEASED (First) <u>Charles</u> (Middle) <u>Edward</u> (Last) <u>Ames</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 10, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>No</u> yrs. <u>13</u> Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>William Ames</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>William Ames, RFD 1, Pocomoke, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>ENTe Ri TiS</u>		<u>36 Hours</u>
Antecedent cause(s) (b) <u>764.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>	<u>HENRY M. LANKFORD, M.D.</u> Deputy Medical Examiner for Somerset County	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>✓</u> INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>✓</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>✓</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>Henry M. Lankford M.D.</u>	DATE SIGNED <u>June 23, 1951</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/23/51</u>
NAME OF CEMETERY OR CREMATORY <u>Christ Methodist Cem.</u>	LOCATION (City, town, or county) (State) <u>Pocomoke, Md.</u>
DATE RECEIVED BY LOCAL REG. <u>6/23/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>
24. FUNERAL DIRECTOR <u>Henry H. Watson, Pocomoke, Md.</u>	ADDRESS <u>Pocomoke, Md.</u>

406101274 366

92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

T

RECEIVED

JUN 27 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Asbury Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Anna</u>	(Middle) <u>Hampton</u>	(Last) <u>Barkley</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE/MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 9, 1884</u>
9. AGE last birthday <u>67</u> yrs.		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>2</u> (Year) <u>1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Samuel H. Sterling</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Horsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Victoria Hodges - Asbury Ave. Crisfield Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

Antecedent cause(s)

(b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

7 yrs.

8 yrs -

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY? Yes ☐ No ☐ (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan. 2, 1951, that I last saw the deceasedalive on Jan. 2, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Sarah M. PeytonM.D.Crisfield Md.Jan 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 5, 1951Betty W. TupperCharles H. Ward - Marion Station Md.993887

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06288

Reg. Dist. No. 265

1. PLACE OF DEATH: **Somerset**
 County **Somerset**
 City or town **Ewell (Smith Island)**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **lifetime**
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Somerset**
 City or town **Ewell (Smith Island)**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME **MARY ELIZABETH BRIMER**

3.(b) Social Security Number **none**

4. Sex **female** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **widowed**
 6.(b) Name of husband or wife **Frank S. Brimer**
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) **Sept. 5, 1870**
 8. AGE: Years **80** Months **9** Days **21** It less than one day _____ hrs. _____ min.

9. Birthplace **Ewell-Somerset-Maryland**
 (Town, county, and state)
 10. Usual occupation **Housewife**
 11. Industry or business **Domestic**
 12. Name **unknown**
 13. Birthplace **unknown**
 14. Maiden name **unknown**
 15. Birthplace

16. Informant **Mrs. Edwin Whitelock**
 Address **Ewell, Maryland**
 17. **Burial** Date thereof **June 22, 1951**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Ewell Cemetery**
 Location **Ewell, Maryland**
 18. Funeral director **Bradshaw Funeral Parlors**
 Address **Crisfield, Md.**

19. **6/22/51** 19 **Betty W. Tyler**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH **June 19, 1951** at **12:45** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **November 19, 1946** to **June 19, 1951**
 and that I last saw her alive on **June 19, 1951**
 Immediate cause of death **Cerebral Hemorrhage**

DURATION

24 hrs.

Due to **General arterio-sclerosis** **4 yrs**
plus

Due to **xxx 331X**

Other conditions **Arterio-sclerotic heart disease** **4 yrs**
93d (Include pregnancy within 3 months of death) **plus**

Major findings of operations **xx** Date of op. **xx**

Autopsy results **xx**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide **xx** Date of **xx**
 Where did injury occur? **xx** (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) **xx**
 Means of injury **xx** Injured at work? **xx**

23. SIGNATURE **M. G. Chambers M.D.**
Ewell, Md. M. D. or other **6/19/51**
 Address _____ Date signed _____

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06289

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural #1 Pocomoke</u> LENGTH OF STAY (In this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural #1 Pocomoke</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Levin</u> (Middle) <u>S.</u> (Last) <u>Carmean</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>82</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>happening</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>center</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Levin Carmean</u>		14. MOTHER'S MAIDEN NAME <u>Julia Ann Clavel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY No. <u>none</u>	17. INFORMANT AND ADDRESS <u>Mrs Grace Cutler, Pocomoke</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>acute heart disease</u> Antecedent cause(s) (b) <u>434.3</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>95C</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>✓</u>	(CITY OR TOWN) (COUNTY) (STATE) <u>✓</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 28 / 1951</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Henry M. Lanford M.D.</u>		ADDRESS <u>Princess Anne Hwy</u>	
DATE SIGNED <u>6/29/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 30 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Quinton M.E. Cemetery</u>	LOCATION (City, town, or county) (State) <u>Rural Pocomoke Md.</u>
DATE REC'D BY LOCAL REG. <u>7/2/51</u>		REGISTRAR'S SIGNATURE <u>Bozman</u>	24. FUNERAL DIRECTOR <u>Henry M. Lanford</u>
		ADDRESS <u>100105</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Ind</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u> <u>Ind</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Josephine</u> (Middle) <u>Hargis</u> (Last) <u>Hargis</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 4 - 1866</u>
9. AGE last birthday <u>85</u> yrs.		10. AGE last birthday (If under 1 year) Months <u>3</u> Days <u>13</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Princess Anne Somerset Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Noah Hargis</u>		14. MOTHER'S MAIDEN NAME <u>Fannie Dutton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs Mary Hargis Princess Anne Ind</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic myocarditis

Antecedent cause(s)

(b) 422.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15th 50, to June 17th 51, that I last saw the deceasedalive on June 17th 51, and that death occurred at 2:45p m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Edmon G. Mason Princess Anne Ind 6-21-51
June 17 51 2:45p At Mary's East Princess Anne Somerset Ind
6/21/51 R. A. Johnson M.D. Charles H Ward Marion Ind
gol. 120826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALP

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06291

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset CITY (If outside corporate limits, write RURAL and OR give nearest town) Marion HOSPITAL OR INSTITUTION OR STREET ADDRESS None		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Ohio COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) College Corner STREET ADDRESS None	
3. NAME OF DECEASED (Type or Print) RILEY (First) EVERETT (Middle) JEFFERS (Last)		4. DATE OF DEATH (Month) June (Day) 30 (Year) 19 51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 6, 1868
9. AGE last birthday 82 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Truck farming	
11. BIRTHPLACE (State or foreign country) College Corner, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James Jeffers		14. MOTHER'S MAIDEN NAME Eliza Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Rev. H. C. Jeffers, Marion, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

1 week

12 months

10 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

Tumors of the uterus

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **mech 1**, 19 **51**, to **may 30**, 19 **51**, that I last saw the deceasedalive on **May 30**, 19 **51**, and that death occurred at **6 P** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. **7/1/51**

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Reverend (Burial) July 4, 1951 College Corner College Corner, Ohio

Beck, W. T. for Bradshaw Funeral Parlors, Springfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1961
BUREAU A. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06292

CERTIFICATE OF DEATH

Reg. Dist. No. *360*

1. PLACE OF DEATH COUNTY <i>Somerset</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Princess Anne</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Princess Anne</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Daisy</i> (First) <i>Jones</i> (Middle) <i>Tones</i> (Last)		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>30</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-10-1907</i>
9. AGE last birthday <i>43</i> yrs.	10. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Somerset County, Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Cooper</i>		14. MOTHER'S MAIDEN NAME <i>Florence Whitney</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY No. <i>219-07-6480</i>	
17. INFORMANT <i>Percy Tones</i>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Thyroiditis</i>			<i>2 years</i>
Antecedent cause(s) (b) <i>Chronic myocarditis</i>			<i>18 mths</i>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <i>SUICIDE</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *April 12th*, 1949, to *June 30*, 1951, that I last saw the deceased alive on *June 29*, 1951, and that death occurred at *1:05 p.m.*, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eldon G. Davidson *Princess Anne, Md.* *7-2-51*

23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		NAME OF CEMETERY OR CREMATORY <i>St. Hope</i>		LOCATION (City, town, or county) (State) <i>Princess Anne, Md.</i>	
DATE REC'D BY LOCAL REG. <i>7/2/51</i>		REGISTER'S SIGNATURE <i>R.S. Johnson, M.D.</i>		24. FUNERAL DIRECTOR <i>William H. James Jr.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 13 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06293

Reg. Dist. No. 760

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Farmount</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Farmount</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Paul</u> (First) <u>Jones</u> (Middle) <u>Jones</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3 1872</u>
9. AGE last birthday <u>79</u> yrs.		10. AGE last birthday If under 1 year: Months <u>25</u> Days <u>22</u> Hours <u>33</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher of school</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Farmount Somerset, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Samuel Jones</u>		14. MOTHER'S MAIDEN NAME <u>Sue Ellen Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Bessie Jones Farmount Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Arteriosclerosis

(c)

Urinary Retention

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1951, to 6/25, 1951, that I last saw the deceased

alive on June 24, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial June 27-51 Farmount Farmount Somerset, Md

Charles H Ward Marion St, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

77085

BURMAN A. S.

1951 12 27

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06294

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cusfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion sta</u>	
TOWN <u>Cusfield</u>		TOWN <u>Marion sta</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Ince ready Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Robert</u>	(Middle) <u>maddot</u>	(Last) <u>maddot</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>13</u>	(Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>mar 9-1950</u>
9. AGE last birthday <u>1</u> yrs. <u>3</u> months <u>10</u> days		10. BIRTHPLACE (State or foreign country) <u>Marion Somerset Md</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Willie Maddot</u>		14. MOTHER'S MAIDEN NAME <u>Gertrude Bottman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Willie Maddot Marion sta, md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) extensive burn of back

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>Suicide</u>	PLACE (Home, farm, factory, street, office bldg, etc.) <u>home</u>	(CITY OR TOWN) <u>Marion</u>	(COUNTY) <u>Somerset</u>	(STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 12 1951 10:30</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Scalding water dropped on the baby</u>		

22. I hereby certify that I attended the deceased from June 12, 1951, to June 13, 1951, that I last saw the deceased

alive on June 13, 1951, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Sarah m Payton

M.D

Cusfield. md

June 14, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>June 16-51</u>	NAME OF CEMETERY OR CREMATORY <u>Watson Chapel</u>	LOCATION (City, town, or county) (State) <u>Kington, Somerset, md</u>
DATE REC'D BY LOCAL REG. <u>June 15, 1951</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Charles H. Howard</u>	ADDRESS <u>Marion sta md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 28 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06295

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> TOWN <u>49 yrs.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> TOWN <u>Beckford Ave.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Nannie</u> (First) <u>Matthews</u> (Middle) <u>Mathews</u> (Last)		4. DATE OF DEATH <u>June 3</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1902</u>
9. AGE last birthday <u>49</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Oto Bounds</u>		14. MOTHER'S MAIDEN NAME <u>Maggie A. Townsend</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Frank Matthews</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Encephalitis (not definite)

INTERVAL BETWEEN ONSET AND DEATH

9 mo.

Antecedent cause(s)

(b) Complete Paralysis Bilateral

2 days

(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug. 11, 1950, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>June 5, 1951</u>	<u>Princess Anne Cemetery</u>	<u>Princess Anne, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/4/51</u>	<u>R. S. Johnson, M.D.</u>	<u>Lerin R. Wilson</u>	<u>Princess Anne, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

97388

RECEIVED
JUN 4 1957
BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06296

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Ewell**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **55 years**
 Hospital, institution, or street address where death occurred:
None
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Somerset**
 City or town... **Ewell**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war.....

3. (a) FULL NAME

DANIEL S. SOMERS

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Arintha Somers

7. Birth date of

deceased (mo., day, yr.)

January 29, 1863

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

88**4****22**

..... hrs.

..... min.

9. Birthplace

Fairmount-Somerset-Maryland

(Town, county, and state)

10. Usual occupation

Retired waterman

11. Industry or business

Oyster & Crab Industry

FATHER

12. Name

James Somers

13. Birthplace

Somerset County, Md.

MOTHER

14. Maiden name

Mary Milligan

15. Birthplace

Somerset County, Md.

16. Informant

George Somers

Address

Ewell, Maryland

17.

(Burial, cremation, or removal, Which?)

BurialDate thereof **June 14, 1951**

(month) (day) (year)

Cemetery or crematory

Ewell Cemetery

Location

Ewell, Maryland

18. Funeral director

Bradshaw Funeral Parlors

Address

Crisfield, Maryland

19.

(Date rec'd by registrar)

6-1419 **51****Betty W. Tyler**

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 11, 1951** at **7 P. M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1946 to **June 11, 1951**and that I last saw him alive on **June 9th, 1951**Immediate cause of death **Arterio-sclerotic****heart disease**

DURATION

4 1/2 yrs.
plus.Due to **General arterio-sclerosis****4 1/2 years plus**

Due to

Other conditions **Malnutrition, three**
months

(Include pregnancy within 3 months of death)

3 mos.

Major findings of operations.....

XXXX

Date of op.

XX

Autopsy results.....

XXXX

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... **XXXX** Date of..... **XXXX**Where did injury occur? **XXXX** (City or town) (County) (State)Injured at home, farm, industry, public place (where?)..... **XXXX**Means of injury **XXXX** Injured at work? **XXX**

23. SIGNATURE.....

M. G. Chambers**Ewell, Maryland**

M. D. or other

6/14/51

Address..... Date signed

6/14/51

RECEIVED
JUN 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06297

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
TOWN Crisfield		TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital		STREET ADDRESS (If rural, give location) 19 Chesapeake Avenue	
3. NAME OF DECEASED (Type or Print) MARY (First) WESLEY (Middle) WARD (Last)		4. DATE OF DEATH (Month) June (Day) 29 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 11, 1874
9. AGE last birthday 76 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oliver Sterling		14. MOTHER'S MAIDEN NAME Susan Lankford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS John Ward			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cardiac Infarction

INTERVAL BETWEEN ONSET AND DEATH

4 day

Antecedent cause(s)

(b)

Coronary thrombosis

4 days

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 25, 1951**, to **June 29, 1951**, that I last saw the deceased

alive on **June 28, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Sarah W. Payton M.D. Crisfield, Md. July 2, 1951

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 2, 1951	NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	LOCATION (City, town, or county) Crisfield, Maryland	(State)
DATE REC'D BY LOCAL REG. 7/2/51	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH - COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Pocomoke</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS <u>Rural</u> (If rural, give location)	
3. NAME OF DECEASED (First) <u>LILLIAN</u> (Middle) <u>M.</u> (Last) <u>WHITE</u>		4. DATE OF DEATH <u>June 5, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 15, 1897</u>
9. AGE last birthday <u>53</u> yrs.		10. DATE OF DEATH <u>June 5, 1951</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Thomas Marshall</u>		14. MOTHER'S MAIDEN NAME <u>Mary Annie Tilghman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>William L. White, Pocomoke, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cancer of the Gall Bladder

INTERVAL BETWEEN ONSET AND DEATH

5 weeks

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>May 4, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of the Gall Bladder</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>INJURY</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1951, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 7:45 p.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles W. Irader M.D.Pocomoke City, Md.June 7, 1951

23. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>6/8/51</u>	NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>	LOCATION (City, town, or county) <u>Rehoboth, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>6/9/51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Orville Boyman</u>	24. FUNERAL DIRECTOR <u>Henry H. Watson, Pocomoke, Md.</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06299

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY <u>Crisfield Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Md.</u> TOWN <u>Marion Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy Crisfield Md.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Md.</u> TOWN <u>Marion Md.</u> STREET ADDRESS (If rural, give location) <u>Marion Md.</u>	
3. NAME OF DECEASED (Type or Print) <u>Dolly</u> (First) <u>Whittington</u> (Last)	4. DATE OF DEATH <u>6</u> (Month) <u>26</u> (Day) <u>1957</u> (Year)	5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4th 1888</u>	
9. AGE last birthday <u>62</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Housework & Peafowl 2nd.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Md.</u>
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY No. <u>219 0713 47</u>	17. INFORMANT AND ADDRESS <u>William Whittington Marion Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Cerebral Hemorrhage. R. Hemiplegia</u>	<u>3 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Chronic Int. nephritis</u>	<u>2 years</u>
	(c) <u>Chronic Nephritis</u>	<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arterio Sclerosis</u>		<u>Yes</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:20 AM 19.51, to June 26, 1957, that I last saw the deceased alive on June 26, 1957, and that death occurred at June 26, 1957 m., from the causes and on the date stated above.

SIGNATURE James B. Callum Md. (Degree or title) ADDRESS Marion Md. DATE SIGNED June 28 51

23. BURIAL, CREMATION, RE-INTERMENT (Specify) <u>Burial</u>	DATE THEREOF <u>June 28 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Pair</u>	LOCATION (City, town, or county) <u>Marion Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>June 28, 1957</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>George W. Higginson</u>	ADDRESS <u>Marion Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

720826

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

06300 269

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oriole</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oriole</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Annie</u>	(Middle)	(Last) <u>Willing</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 2, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	9. AGE last birthday <u>85</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Maname Todd</u>		14. MOTHER'S MAIDEN NAME <u>Emily Jones Todd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Anna Hamilton (daughter)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Ventricular fibrillation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Complete heart block

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10/22, 1950, to 6/3, 1951, that I last saw the deceased

alive on 6/3, 1951, and that death occurred at 6/7/51 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>June 8, 1951</u>	<u>Oriole Cemetery</u>	<u>Oriole</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/8/51</u>	<u>R. E. Bennett</u>	<u>Levin R. Wilson</u>	<u>Princess Anne, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1981
BUREAU V. S.